

<b>INMATE RESTORATION/RETURN TO DUTY, CLEMENCY AND PAROLE STATEMENT</b>		REPORT DATE (YYYYMMDD)	
1. INMATE NAME <i>(Last, First, Middle)</i>		2. SSN	3. ID NUMBER
4. CORRECTIONS FACILITY			
<b>SECTION 1 - RESTORATION/RETURN TO DUTY</b>			
5. <input type="checkbox"/> I request suspension of the discharge/dismissal adjudged by court-martial in my case, and restoration/return to duty on probation. I understand that any unsatisfactory conduct on my part may violate the probation and vacation of suspension could result in execution of the remainder of the court-martial sentence in addition to further disciplinary action.			
6. <input type="checkbox"/> I do not request to be restored/returned to duty.			
<b>SECTION 2 - CLEMENCY</b>			
7. <input type="checkbox"/> I hereby waive my right to be considered for clemency. <p style="margin-left: 40px;">a. I understand my case will not be reviewed administratively for remission, mitigation, or suspension of the unexecuted parts of my sentence. I further understand that I will not receive consideration for annual clemency until one year after my current clemency board date.</p> <p style="margin-left: 40px;">b. I also acknowledge that if my sentence includes an unsuspended punitive discharge or dismissal:</p> <p style="margin-left: 80px;">(1) I may be ineligible for many or all benefits as a veteran under both Federal and state laws.</p> <p style="margin-left: 80px;">(2) I may expect to encounter substantial prejudice in civilian life.</p> <p style="margin-left: 80px;">(3) This waiver will remain part of my permanent military service record.</p> <p style="margin-left: 80px;">(4) I may not reenlist without special permission (enlisted members only).</p>			
8. I hereby request to be considered for clemency in the following form(s): <div style="margin-left: 20px;"> <input type="checkbox"/> Reduction in length of sentence  <input type="checkbox"/> Reduction or remission of forfeitures.  <input type="checkbox"/> Reduction or remission of fine.  <input type="checkbox"/> Substitution of administrative discharge for punitive discharge.  <input type="checkbox"/> Remission of dismissal (officers and cadets only).  <input type="checkbox"/> Mitigation of a DD to a BCD.  <input type="checkbox"/> Restoration to pay grade _____  <input type="checkbox"/> Restoration of precedence (officers only). </div>			
9. MY REASONS FOR REQUESTING CLEMENCY ARE AS FOLLOWS:			
10. INMATE SIGNATURE		11. WITNESS SIGNATURE	
12. DATE (YYYYMMDD)			
<b>CERTIFICATION TO BE COMPLETED FOR CLEMENCY WAIVER ONLY</b>			
CERTIFIED: I certify that the above individual signed this waiver in my presence, and that his right to request clemency and the effect of this waiver have been fully explained to him/her.	CERTIFYING OFFICIAL <i>(Name, Grade and Title)</i>	SIGNATURE OF CERTIFYING OFFICIAL	DATE (YYYYMMDD)

<b>SECTION 3 - PAROLE</b>			
13. UNDER REGULATIONS I BECOME ELIGIBLE FOR		<input type="checkbox"/> INITIAL	<input type="checkbox"/> ANNUAL PAROLE CONSIDERATION ON <span style="float: right;">(YYYYMMDD)</span>
14. <input type="checkbox"/> I DESIRE <input type="checkbox"/> DO NOT DESIRE TO BE CONSIDERED FOR PAROLE FOR THE FOLLOWING REASONS:			
15. PROPOSED PAROLE RESIDENCE <i>(State fully where and with whom you will live):</i>			
a. NAME <i>(Last, First, Middle Initial)</i>		b. RELATIONSHIP	
		c. TELEPHONE NUMBER <i>(Include area code)</i>	
d. STREET ADDRESS <i>(Include apartment number)</i>		e. CITY	f. STATE
			g. ZIP CODE
16. PROPOSED PAROLE/PROBATION OFFICER			
a. NAME <i>(Last, First, Middle Initial)</i>		b. TELEPHONE NUMBER <i>(Include area code)</i>	
c. STREET ADDRESS <i>(Include apartment number)</i>		d. CITY	e. STATE
			f. ZIP CODE
17. PROPOSED <input type="checkbox"/> EMPLOYER <input type="checkbox"/> SCHOOL			
a. EMPLOYER OR SCHOOL NAME		b. TELEPHONE NUMBER <i>(Include area code)</i>	
c. STREET ADDRESS <i>(Include apartment number)</i>		d. CITY	e. STATE
			f. ZIP CODE
g. TITLE OR POSITION		h. RATE OF PAY (1) FULL TIME      (2) PART TIME	
<b>PRIVACY ACT STATEMENT</b>			
<p>Authority to request this information is contained in Title 10 United States Code, sections 874(a) and 952-954. The information which you provide will become a permanent part of your correction record. It will be referred to by official military personnel in conjunction with the initial and any periodic review of your eligibility for clemency or parole. You are not required to provide this information; however, your failure to respond fully may prevent the board from considering your eligibility for clemency or parole. Further authority to request your social security number is contained in Executive Order no. 9397. Disclosure of your social security number is voluntary. Failure to disclose your social security number will have no effect on your eligibility for clemency or parole.</p>			
18. INMATE SIGNATURE		19. DATE (YYYYMMDD)	
20. WITNESS NAME AND TITLE <i>(Last, First, MI)</i>		21. SIGNATURE	
		22. DATE (YYYYMMDD)	